

<b>COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued)</b> (Includes Reference to PCT International Applications)				<b>ATTORNEY'S DOCKET NUM</b> 19603/230	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER		U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Send Correspondence to: <u>Alan S. Korman</u> <u>Nixon, Hargrave, Devans &amp; Doyle</u> <u>1600 Main Place Tower</u> <u>Buffalo, New York 14202</u>				Direct Telephone Calls to: (name and telephone number) (716) 853-8104	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	

FILED UNSIGNED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Erik S. Falck-Pedersen  
Serial No.: 08/166,925  
Filed: 12/14/93  
For: ADENOVIRUS GENE EXPRESSION SYSTEM

TRANSMITTAL LETTER

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS  
WASHINGTON, D.C. 20231  
Attention: Application Division

Dear Sir:

In response to the Notice to File Missing Parts of Application Under 37 CFR 1.53(d), which was mailed by the United States Patent and Trademark Office on 2/3/94, enclosed are:

- (X) A Combined Declaration and Power of Attorney.
- (X) A Request for Extension of Time 1 month.
- ( ) A verified statement to establish small entity status under 37 CFR 1.9 and 1.27.
- (X) A paper and computer readable copy of the "Sequence Listing", and Statement Under 37 C.F.R. § 1.821(f).
- (X) A Copy of the Notice to File Missing Parts.
- (X) Fees as calculated below:

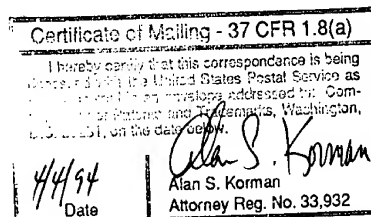
FEE FOR EXTENSION OF TIME <u>1</u> month	\$ 55.00
SURCHARGE 37 CFR 1.16(e)	\$ 65.00
ADDITIONAL FEES	\$
TOTAL FEES SUBMITTED HERewith	\$120.00

- (X) A check in the amount of \$120.00 to cover the above fees.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 14-1138. A duplicate copy of this sheet is enclosed.

Dated: 4/4/94

Alan S. Korman  
ALAN S. KORMAN  
Registration No. 33,932

NIXON, HARGRAVE, DEVANS & DOYLE  
1600 Main Place Tower  
Buffalo, New York 14202  
Telephone: (716) 853-8104



COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER  
19603/230

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below)  
or an original, first and joint inventor (if plural names are listed below)  
of the subject matter which is claimed and for which a patent is sought on the invention  
entitled:

ADENOVIRUS GENE EXPRESSION SYSTEM

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application  
Serial No. 08/166,925  
on 12/14/93  
and was amended \_\_\_\_\_ (if applicable).  
on \_\_\_\_\_

☐ was filed as PCT international application  
Number \_\_\_\_\_  
on \_\_\_\_\_  
and was amended under PCT Article 19 \_\_\_\_\_ (if applicable).  
on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified  
specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of  
this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any  
foreign application(s) for patent or inventor's certificate or of any PCT international  
application(s) designating at least one country other than the United States listed below  
and have also identified below any foreign application(s) for patent or inventor's  
certificate or any PCT international application(s) designating at least one country other  
than the United States of America filed by me on the same subject matter having a filing  
date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)					ATTORNEY'S DOCKET NUMBER 19603/230	
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U.S. APPLICATIONS				STATUS (Check One)		
U.S. APPLICATION NUMBER		U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
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PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)				
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)</p>						
<p>Send Correspondence to: <u>Alan S. Korman</u> <u>Nixon, Hargrave, Devans &amp; Doyle</u> <u>1600 Main Place Tower</u> <u>Buffalo, New York 14202</u></p>				<p>Direct Telephone Calls to: (name and telephone number) (716) 853-8104</p>		
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
		<u>Falck-Pedersen</u>	<u>Erik</u>		<u>S.</u>	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
		<u>New York</u>	<u>New York</u>		<u>U.S.</u>	
	POST OFFICE ADDRESS	P.O. ADDRESS		CITY	STATE & ZIP CODE/COUNTRY	
		<u>1161 York Ave.</u>		<u>New York</u>	<u>New York 10021</u>	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS		CITY	STATE & ZIP CODE/COUNTRY	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS		CITY	STATE & ZIP CODE/COUNTRY	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>						
SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE			DATE		DATE	

Applicant or Patentee: Erik S. Falck-Pedersen Attorney's  
Serial or Patent No.: Filed Herewith Docket No.: 19603/230  
Filed or Issued: Filed Herewith  
For: ADENOVIRUS GENE EXPRESSION SYSTEM

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the  
nonprofit organization identified below:

NAME OF CONCERN Cornell Research Foundation Inc.  
ADDRESS OF CONCERN 20 Thornwood Drive, Suite 105, Ithaca, NY 14850

TYPE OF ORGANIZATION \_\_\_\_\_

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(c)(3))  
☐ NONPROFIT SCIENTIFIC OR EDUCATION UNDER STATUTE OF STATE OF THE  
UNITED STATES OF AMERICA (NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)  
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE  
(26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF  
AMERICA  
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE  
OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED  
STATES OF AMERICA (NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies as  
a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying  
reduced fees under section 41(a) and (b) of Title 35, United States Code with  
regard to the invention entitled Adenovirus Gene Expression System by  
inventor(s) Erik S. Falck-Pedersen described in

- ☒ the specification filed herewith \_\_\_\_\_, filed \_\_\_\_\_  
☐ application serial no. \_\_\_\_\_, issued \_\_\_\_\_  
☐ patent no. \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and  
remain with the nonprofit organization with regard to the above identified  
invention.

If the rights held by the nonprofit organization are not exclusive, each  
individual, concern or organization having rights to the invention is listed  
below\* and no rights to the invention are held by any person, other than the  
inventor, who could not qualify as a small business concern under 37  
CFR 1.9(c) or by any concern which would not qualify as a small business  
concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).  
\*NOTE: Separate verified statements are required from each named person,  
concern or organization having rights to the invention averring to their  
status as small entities. (37 CFR 1.27).

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

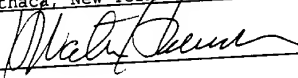
I acknowledge the duty to file, in this application or patent, notification of  
any change in status resulting in loss of entitlement to small entity status  
prior to paying, or at the time of paying, the earliest of the issue fee or  
any maintenance fee due after the date on which status as a small entity is no  
longer appropriate. (37 CFR 1.28(b))

(Filed Herewith)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING H. Walter Haeussler, Esq.  
TITLE OF PERSON OTHER THAN OWNER President, Director  
ADDRESS OF PERSON SIGNING Patents & Technology Marketing, Cornell Research  
Foundation, Inc., Cornell Business & Technology Park, 20 Thornwood Drive,  
Suite 105, Ithaca, New York 14850

SIGNATURE



DATE

12/14/93